

2025-26

ANNUAL REPORT

CalMHSA

California Mental Health Services Authority

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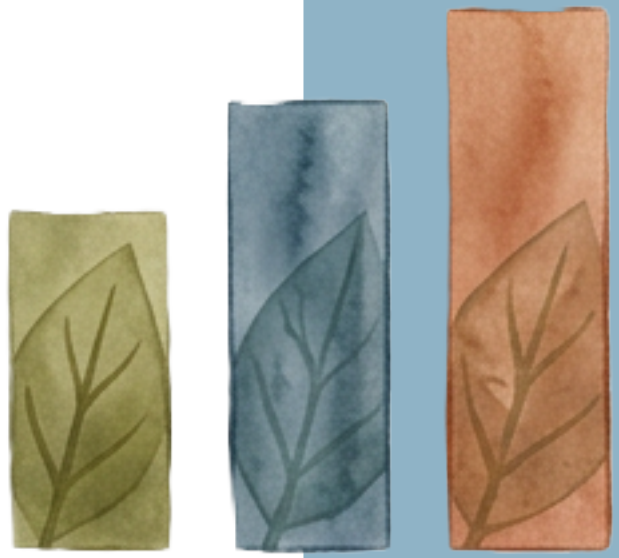
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Total County Savings



More than $130 Million in Estimated County Savings

In 2025 CalMHSA programs and services generated more than $130 million across all counties through:

- Shared statewide infrastructure
- Technology and interoperability solutions
- Workforce development programs
- Clinical and operational support services
- Systemwide efficiency and cost-avoidance initiatives

Behavioral Health Transformation



Groundbreaking Data Explainer Series

A unique webinar and office hours series that focused on population health goals and measures from the BHSA. Crafted to assist counties with:

- Incorporating statewide BHSA goals and population-level measures into Integrated Plans
- Strengthening data-informed strategies to help improve population health outcomes

See data dashboards, webinar and office hours recordings, and printable resources at www.calmhsa.org/data-explainer-series/.

Series Highlights

- Attended by more than **700 different individuals** from county teams across the state
- **20 webinars** (10 didactic and 10 office hours)
- **9 publicly available dashboards** covering priority and additional goals for county comparison to statewide benchmarks and for equity-informed strategic planning



Image: Data Explainer Series thumbnail

Housing and Behavioral Health Guidance

Practical tools, guidance, and resources to support counties in implementing effective housing interventions for individuals with behavioral health needs. Key new resources:

- **Housing Guidebook:** An overview of housing systems and BHSA housing options, housing and funding resources, and more.
- **Housing-Focused Webinars:** A series of on-demand webinars to assist county behavioral health teams with practical strategies, partnership models, and approaches for meeting their communities' needs.
- **HMIS Webinars, Office Hours, Instructions:** Developed for the Continuum of Care Homeless Management Information System (HMIS) leads to add the BHSA program into HMIS. Designed to help county staff meet the BHSA requirement to enter their Housing Intervention programs into the federal Department of Housing and Urban Development's HMIS data system.

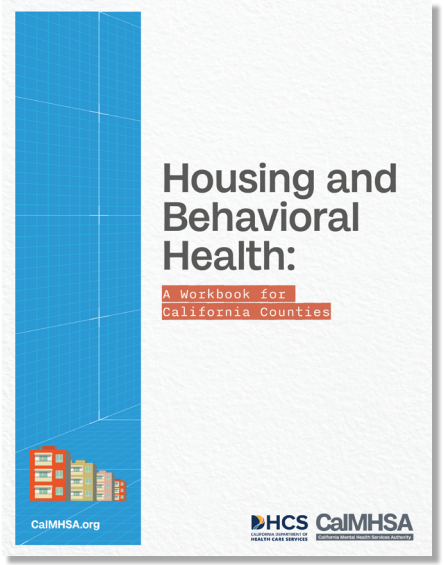


Image:
Housing Guide Cover

Individual Service Level (ISL) Data: Resources for Counties & Providers

CalMHSA developed the first ever training & resources to assist counties as they address new requirements to report ISL data. These include:

- On-Demand Webinars
- Boilerplate Contracts
- Invoice Templates
- Housing Provider Rate Setting Tools
- Training Videos
- Project Plan Workbook
- Overview Training for Providers

CalMHSA's individualized approach to ISL assistance has resulted in 83 1:1 meetings with 49 counties.



➲ ***Looking ahead:*** *Additional ISL coding guidance, FAQ development with DHCS, data quality check resource for counties, BHOATR financial alignment training, county data validation test plan, and more.*

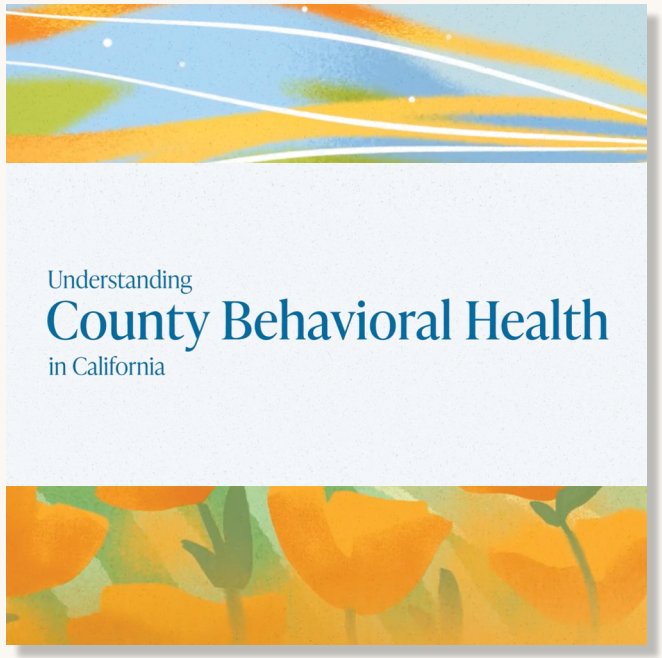


Image:
County Behavioral Health Video thumbnail (top).

New Video: Understanding County Behavioral Health

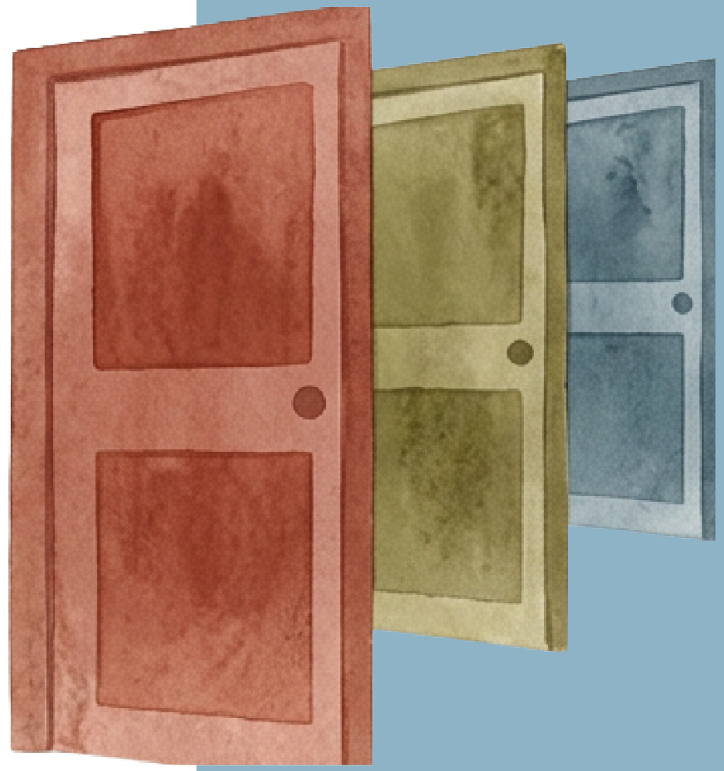
An evergreen educational video for both public audiences and internal county teams. Helps explain the most critical aspects of public behavioral health in California, including:

- Who is served, and how
- The dedication of the county workforce
- The complexities of funding and delivering public behavioral health
- The renewed hope for recovery that would not otherwise be possible

Full video and chapter versions available at:

https://www.calmhsa.org/understanding-bh/

Measuring & Monitoring Impact



Data Analytics & Insights

CalMHSA's team of epidemiologists, data analytics experts, and quality improvement professionals collaborated with counties to engage stakeholders, understand barriers, identify interventions, and monitor impact.



Data Analytics & Insights



- **8 HEDIS measures** calculated for counties that run Mental Health Plans and Drug Medi-Cal Organized Delivery System Plans
- **54 counties** assisted with HEDIS, an increase of 10 over the prior fiscal year
- **58 counties** received CalMHSA-generated clinical need estimates for Evidence-Based Practices (FSP, ACT, FACT, FSP ICM, IPS, and CSC for FEP)
- **20 webinars** hosted about California's statewide behavioral health goals to aid counties with BHSA implementation and planning
- **9 publicly available dashboards** published to aid counties with completion of their BHSA Integrated Plans

Quality Measurement Reporting

CalMHSA calculated Healthcare Effectiveness Data and Information Set (HEDIS) measures on behalf of 54 county Mental Health Plans and Drug Medi-Cal Organized Delivery System Plans.

- Earned NCQA certification for the Measure Year (MY) 2025 NCQA measures and completed code review of MY25 OUD (a non-NCQA certified measure) with HSAG
- Worked with managed care plans (MCPs) and behavioral health plans (BHPs) to acquire direct MCP medical and pharmacy data from 17 MCPs
- Supported BHPs during the HSAG primary source verification process
- Provided technical assistance that ensured successful submission of county performance rates and associated deliverables

Collaborated with CBHDA, HSAG and DHCS on process and coding issues to accurately capture the breadth of services provided by county behavioral health plans

See participating counties

➲ ***Looking ahead:*** *Creation of a centralized solution for behavioral health plans to share their claims data with MCPs. Support for counties in responding to their HEDIS corrective action plans.*

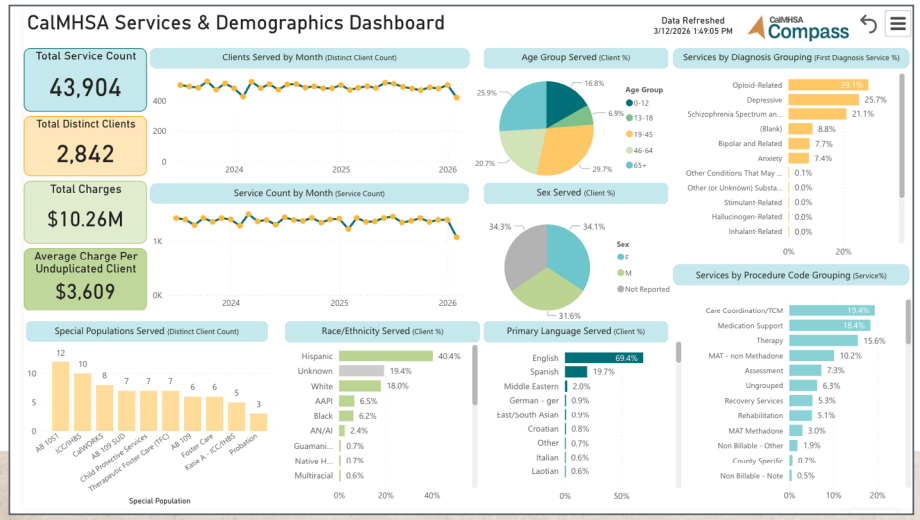
Enhanced Analytics (Compass) Dashboards

For SmartCare counties, dashboards rich in protected health information provide county-specific insights into members, providers, and programs.

- 6 dashboards updated weekly across 4 workspaces – services, operations, fiscal, and policy & workflows

See participating counties

Image: Services & Demographics dashboard thumbnail (right).



Key Dashboards & Insights

- **Access to Care, Housing, and ASCMI:** Track county progress, along with Policy Playbooks and recommendations
- **Timely Access and Documentation:** New services reported in TADT forms to help with tracking compliance
- **Services & Demographics:** What services provided and to whom
- **Fiscal Insights:** Details of the billing life cycle, from unbilled to paid

➲ ***Looking ahead:*** *Expansion of Compass offerings and support and video-based training materials.*

External Quality Review (EQR) Organization Requirements & PIP Support

Technical assistance helped counties navigate EQR audit submissions and processes, including:

- Responses to Information Systems Capabilities Assessment Tool questions
- SmartCare subject matter expert participation in live audit sessions
- Support for HEDIS performance measure validation (PMV)
- Drafting responses to auditor follow-up questions
- Creation and submission of front-end SmartCare screenshots to support PMV
- QI consultation and coaching, writing support for required submissions and resubmissions, and data consultation, including calculation of Performance Improvement Project indicators

Evidence-Based Practice (EBP) Clinical Need Estimate

Created models to estimate Medi-Cal and uninsured populations with clinical need for key EBPs to support county behavioral health plans with planning.

- **4 EBP webinars** on estimation methods for county teams, with nearly **400 attendees**

Using publicly available data, generated estimates for:

- Full-Service Partnerships
- Assertive Community Treatment
- Forensic ACT
- FSP Intensive Case Management
- Individual Placement and Support
- Coordinated Specialty Care for First Episode Psychosis

For SmartCare Counties

- **17 counties** supported with EQR audits
- **26 federally required Performance Improvement Projects (PIPs)** supported across 11 counties
- **4 new reports** developed to support FUM/FUA, POD, Timeliness, and Peers PIPs
- **14 counties** provided with 6 PHI-rich Compass dashboards to support insights into plan operations

➔ ***Looking ahead:*** *A qualitative study to evaluate implementation of the ASCMI Form. Evaluation of impacts of an AI progress note documentation tool.*

CalMHSA EHR: A County Collective



The Semi-Statewide EHR

The SmartCare EHR continued to focus on counties' needs with revenue integrity and analytics reach, reliable state reporting, analytics, and digital access.

Highlights include:

$2.1 billion
collected by counties

$454 million
collected for RCM counties

2
counties set for implementation

37
new custom reports

13
counties supported with revenue cycle management (RCM)

15
CalMHSA Rx counties (e-prescribing)



counties now served

Digital Access Innovation

- AI-assisted clinical documentation capabilities
- InteliChart patient portal implementation

See participating counties

Revenue Cycle Management

Lower initial denial rates through root-cause analysis, enhanced reporting, and streamlined workflows

- Expanded tools and processes that improve claim accuracy, reconciliation, and visibility into revenue-cycle performance
- Developed a claims scrubber to flag missing information and coding issues before submission
- 22 new reports for RCM counties



State Reporting

The SmartCare EHR continued to focus on counties' needs with revenue integrity and analytics reach, reliable state reporting, analytics, and digital access.

- CARE Act
- CalOMS
- CSI
- CANS/PSC
- HCAI/OSHPD
- Mobile Crisis
- NACT 274

New ASCMI Form

A new Authorization to Share Confidential Member Information (ASCMI) form is being implemented by the state as a statewide, standardized mechanism for collecting consent to share protected health information.

CalMHSA partnered with legal experts at Manatt, Phelps & Phillips, to support the state in developing the form, ensuring counties:

- Understand the timing
- Receive training on usage
- Have resources to assist with implementation

CalMHSA ASCMI Training and Resources

- 2 on-demand webinars
- Video resources
- FAQs
- Discussion guide to use with clients



CalMHSA Connex

CalMHSA Connex — the specialized platform for secure sharing of behavioral health information — grew from 22 to 25 participating organizations in the Health Information Exchange (HIE). Other highlights:

- **Consent & Compliance:** Positioned to be among the first organizations statewide to interface with DHCS's Consent Management Platform (CMP)
- **California Data Exchange Framework (DxF) Compliance:** Successful onboarding to national networks for query/response data exchange
- **ADT Connectivity:** Completed ADT integrations with Kaiser Permanente, SacValley MedShare, and Manifest Medex
  - ◊ Enables real-time care transition alerts for participating organizations across the network

See participating counties

CalMHSA CONNEX

➔ ***Looking ahead:*** *Continued network growth and ADT expansion, advancements with CMS interoperability compliance, a fully native closed loop referral solution, housing-related integration and data exchange, and expanded MCP data exchange.*

Clinical Care



Presumptive Transfer: Ensuring Care for Foster Youth

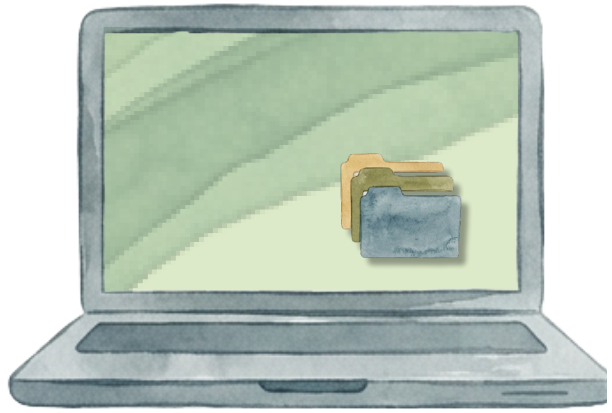
Our Presumptive Transfer (PT) portal helps counties meet statutory requirements by streamlining inter-county billing for services provided to foster youth while placed out of county.

Over the past year, CalMHSA strengthened the PT ortal to improve fiscal accuracy, transparency, and ease of use for counties.

PT Portal Key Accomplishments

- Supported record-level activity, with **1,829 invoices totaling $9.2 million** and invoicing activity for **1,063 unduplicated youth**
- Expanded self-service tools for communications, reporting, and county balance distribution
- Strengthened invoice accuracy, data integrity, and access controls
- Improved workflow efficiency and user experience with redesigned dashboards, increased infrastructure reliability, and more

See participating counties



Looking ahead: *Continue strengthening foundational functionality to support large-scale fiscal intermediary services, including future cross-county fund transfers, multi-county contracting, enhanced reporting, and payment system capabilities beyond PT requirements.*

State Hospital Beds

Working in partnership with the Department of State Hospitals (DSH) on the cost and availability of hospital beds for individuals mandated to civil commitment under the Lanterman-Petris-Short (LPS) Act, CalMHSA continued initiatives to improve equitable access, transparency, and coordination for LPS state hospital beds.

See participating counties

State Hospital Beds: More Beds, Cost Avoidance, Robust Data

Key accomplishments:

- A data-driven bed allocation plan, improving equitable access and supporting counties' ability to manage admission priorities within their allocations
- **44 additional beds statewide**, for a total of 625
- Rate negotiations that resulted in more than **$30 million in projected county cost avoidance**
- A robust dashboard and updated data sharing agreement with DSH to improve utilization tracking, referral coordination, and proactive capacity planning

See participating counties

➲ ***Looking ahead:*** *Continue using data to evaluate the adequacy of bed allocations statewide, monitor utilization trends, and support equitable access to LPS state hospital beds. CalMHSA will also engage in rate negotiations with DSH for rates effective FY 2027–28, while strengthening referral coordination, reporting tools, and proactive capacity planning.*



Quality Assurance/Managed Care Offerings

Throughout the year, CalMHSA continued to support counties through programs designed to address evolving behavioral health priorities and strengthen local service delivery. The following highlights showcase the accomplishments, reach, and impact of three key programs:

- A faster credentialing process
- Psychiatric inpatient concurrent review
- Quality assurance

A Faster Credentialing Process

Through CalMHSA's partnership with Certify, an NCQA-certified Credentialing Verification Organization, counties streamlined provider credentialing, reduced administrative workload, and expanded their capacity to serve clients more quickly.

Key benefits:

- Enhanced regulatory compliance with credentialing requirements
- Cost-effective credentialing and verification services
- Increased operational efficiency through standardized processes

In 2025-26:

- **11** participating counties
- **1,173** providers credentialed
- Average credentialing turnaround = **1.5 days**

- Centralized administrative support across participating counties
- Virtual committee functionality that simplified review and approval workflows
- Robust reporting and analytics to support oversight, monitoring, and decision-making

See participating counties



Psychiatric Inpatient Concurrent Review

In partnership with Acentra Health, CalMHSA helped simplify the inpatient psychiatric authorization request and concurrent review process for hospitals, psychiatric health facilities, and county mental health plans.

- **26** counties participating
- **34,508** hospitalizations reviewed (CY 2025)

See participating counties

Quality Assurance for SmartCare Counties

For counties using the SmartCare EHR, CalMHSA leveraged data-driven insights and subject matter expertise to streamline operations, strengthen compliance, support policy implementation, and enhance workforce effectiveness through:

- **Policy Development & Support (12 participating counties)**: Monitored and translated key Behavioral Health Information Notices and state policy initiatives into actionable guidance supported by policy implementation playbooks and training materials, data/dashboards, and more.
- **DHCS Compliance Audit Preparation, Coordination & Response (9 participating counties)**: Supported counties throughout the audit lifecycle with readiness assessments, audit preparation resources, technical guidance, and corrective action planning.
- **Chart Review Tools and Coaching (11 participating counties):** Developed standardized SMHS and SUD chart review tools, companion training materials, and technical assistance to strengthen documentation quality, compliance monitoring, and continuous quality improvement efforts.

Training & Technical Assistance





Sharing Expertise

Our training and technical assistance this year helped counties make sense of new housing requirements under BHSA, understand population health data, learn about new Individual Service Level compliance, build a foundation for understanding funding streams and methodologies, and much more.

Trainings were held in-person, via webinar, and through a learning management system – for staff at nearly every level of county behavioral health, and with content often tailored to the community level.

Timeline of Trainings

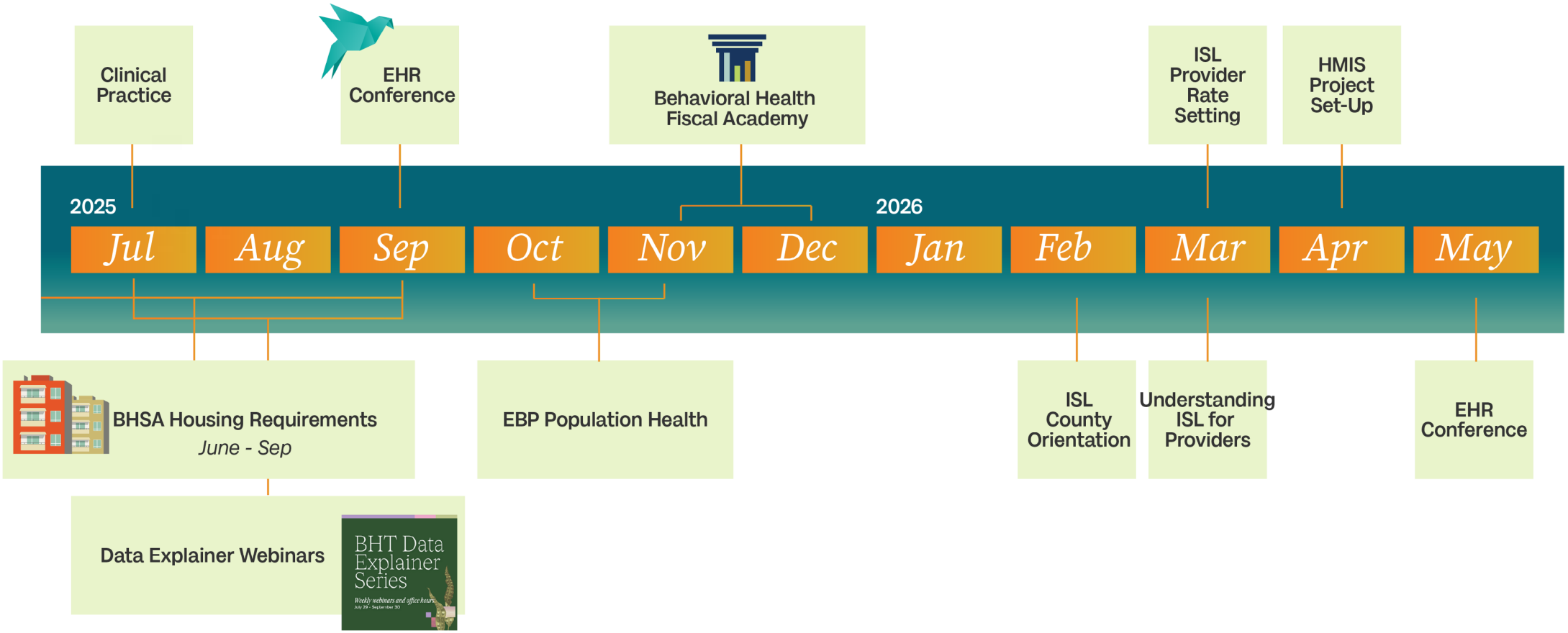


Image: Trainings timeline displaying dates July 2025 through May 2026

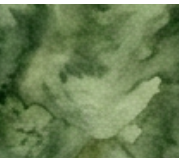
Strengthening the Behavioral Health Workforce



Statewide Workforce Growth

With CalMHSA's leadership, California now has 10,000 certified Medi-Cal Peer Support Specialists, representing the largest peer workforce in U.S. — **including at least one certified peer from every county.**

In FY 2025-26, the number of certified peers **increased by approximately 30 percent.**



Peer Workforce Strategies

These major initiatives reduced financial barriers and expanded opportunities for individuals seeking to enter the behavioral health workforce as certified peers:

- DCHS fee waivers for training and certification
- Expansion of certification access in underserved communities
- Equity-focused efforts to administer certification examinations within justice settings
- Expanding the network of approved peer certification training providers to more than 50 organizations offering trainings in:
  - ◊ Core competencies
  - ◊ Specializations
  - ◊ Continuing education courses
  - ◊ Trainings in both English and Spanish

See participating counties

Advancing Equity

One of the Peer Certification Program's most significant accomplishments was expanding certification access to individuals involved in the justice system.

- Nearly **1,000 individuals** in justice settings were provided the opportunity to take the state certification examination.









Image: Photo of peer (top right). Ad featuring peer (middle).Social media ad with Peer Hero graphic and tagline (bottom right).

Statewide Peer Hero Campaign

A statewide digital ad campaign inspired more people to pursue certification by uplifting Certified Medi-Cal Peer Support Specialists and spotlighting their emotionally resonant stories.

The website (www.peerhero.org) remains available as an excellent resource for counties.

Appearing on YouTube, Facebook & Instagram, the campaign:

- Reached **10 million** Californians
- Garnered **46 million** total impressions
- Achieved **8 million** completed video views

Expanding Access to Clinical Supervision Guidance

CalMHSA's Remote Clinical Supervision Program, delivered in partnership with Motivo, continued to address one of California's most significant behavioral health workforce challenges: access to qualified clinical supervision.

- **17 counties** actively participated in the program.
- **171 behavioral health professionals** received supervision services.
- Participants collectively received more than **7,500 hours of clinical supervision**.

See participating counties

CalMHSA

California Mental Health Services Authority

Questions? Email info@calmhsa.org